司	in this information to identify your c	case:				Ţ			
De	btor 1 Andrea M H	lamler							
1 ' '	btor 2 ouse, if filing)								
Un	ited States Bankruptcy Court for the	E: SOUTHERN DISTRIC	CT OF OHIO						
	se number nown)		-			Check if this is: An amende A supplement 13 income	d filing		chapter
<u>O</u>	fficial Form 106I					MM / DD/ Y	YYY		
	chedule I: Your Inc								12/15
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not fili or spouse is not filing w	ng jointly, and your s ith you, do not includ	oouse e infor	is liv mati	ring with you, incli on about your spo	ude Informati ouse. If more	on about space is r	your 1eeded,
	rt 1: Describe Employment		TERRITORIA A ENGINALISMENT	ji dili Wak	1200			ujiya wati	SALSKILLER
1.	Fill in your employment information.		Debtor 1			• • • • • • • • • • • • • • • • • • • •	or non-filing	spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed			☐ Employed —			
	information about additional		☐ Not employed			☐ Not e	mployed		
	employers.	Occupation	Nursing Aide						
	Include part-time, seasonal, or self-employed work.	Employer's name	Genesis Healthca	are					±
	Occupation may include student or homemaker, if it applies.	Employer's address	101 East State St Kennett Square,		348				
		How long employed t	here? 7 years						
Pa	t 2: Give Details About Mo	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to rep	ort for	any	line, write \$0 in the	space. Include	e your non	-filing
lf yo mor	u or your non-filing spouse have me e space, attach a separate sheet to	ore than one employer, co this form.	ombine the information	for all e	mpl	oyers for that perso	n on the lines	below. If y	ou need
	r					For Debtor 1	For Debtor non-filing s		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	1,969.20	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	1,969.20	\$	N/A_	

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Deb	itor 1	Andrea M Hamler	_	Case nui	mber (if known)		
				For De		non-fi	ebtor 2 or ling spouse
	Cop	y line 4 here	4.	\$	1,969.20	\$	N/A
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	380.73	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
	50.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	0.00	\$	N/A
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.	\$	0.00	\$	N/A N/A
	5y. 5h.	Other deductions. Specify:	5h.+	· š		· š—	N/A
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	380.73	` \$	N/A
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,588.47	\$	N/A
7.		•	7.	>	1,300.47	٧	N/A
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
		monthly net income.	8a.	\$	0.00	\$	N/A
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A
	8c.	Family support paymeints that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce					
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A
	8e.	Social Security	8e.	\$	0.00	\$	N/A
	8f.	Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income	— 8g.	\$	0.00	\$	N/A
	8ħ.	Other monthly income. Specify:	8h.+	\$	0.00	- \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1,5	88.47 + \$		N/A = \$1,588.47
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00						
12.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The reset that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certai</i> es	ult is th in Liabil	e combir iities and	ned monthly in Related <i>Data,</i>	come. if it	12. \$ 1,588.47 Combined
			•				monthly income
13.	Do y∘ ■ □	ou expect an increase or decrease within the year after you file this form No. Yes. Explain:					

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Fill	in this informa	tion to identify ye	our case:			r 1				
Deb	otor 1	Andrea M Ha	amler			Ch	eck if thi	s is:		
Dat	otor 2	8						ended filing	ing postpetition chapter	
I	ouse, if filing)			And a state of the					he following date:	
Unit	ted States Bankr	uptcy Court for the	: SOUTH	IERN DISTRICT OF OHIC)		MM / E	DD / YYYY		
Cas	se number									
(If k	nown)									
0	fficial Fo	rm 106J								
		J: Your	Exper	ises					12/	15
Be info	as complete a	and accurate as	possible. eded, atta	. If two married people ar ch another sheet to this	re filing together, be form. On the top of	oth are ec any addi	jually res tional pa	sponsible fo ages, write y	r supplying correct our name and case	
Par 1.	t 1: Descr Is this a join	ibe Your House	hold	1.				<u></u>	·	
•	No. Go to	line 2.								
			in a separ	ate household?						
	□ N:		st file Offici	al Form 106J-2, Expenses	s for Separate House	hold of De	ebtor 2.			
2.	Do you have	e dependents?	□ No							
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor	r 2	age		Does dependent live with you?	
	Do not state	the							□ No	
	dependents				Son		14	·	Yes	
		-							□ No □ Yes	
		1				· · ·		-	⊔ Yes □ No	
									□ Yes	
									□ No	
		•							□ Yes	
3.	expenses of	enses include f people other t d your depende	han 👝	No Yes						
Dar	t 2t	ate Your Ongoi	na Monthi	v Evnences						
Est exp	imate vour ex	penses as of vo	our bankre	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed	orm as a s <i>J</i> , check	supplem the box	ent in a Cha _l at the top of	oter 13 case to report the form and fill in the	!
Inc	lude expense:	s paid for with i	non-cash (government assistance i	f you know	1.51.5				
	value of such ficial Form 10		d have inc	luded it on <i>Schedule I:</i> Y	our Income	1.1.1 1.1.1 1.1.1 1.1.1		Your expe		
,		·								
4.		r home owners d any rent for the		ses for your residence. It r lot.	nclude first mortgage	4.	\$		350.00	
	If not includ	ed in line 4:								
		state taxes				4a.	`		0.00	
		ty, homeowner's					· —		0.00	
			•	pkeep expenses		4c. 4d.	\$ \$		0.00 0.00	
5.		owner's associat		iominium dues i <mark>ur residence,</mark> such as hol	me equity loans	4u. 5.	\$		0.00	
٥.	AUGINOHUI II	.v. tgugo pujint	, 0		unquing to entre	- '				

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Debtor 1		Andrea M Hamler	Case number (if known)				
6.	Utiliti	ies:					
٠.	6a.	Electricity, heat, natural gas	6a.	\$	125.00		
	6b.	Water, sewer, garbage collection	6b.	\$	58.47		
	6c.	Telephone, cell phone, internet, satellite, and cable services	6c.	·	0.00		
	6d.	Other. Specify: Cell Phone	6d.		90.00		
7		- ALL AND THE PARTY OF THE PART	7.				
7.		and housekeeping supplies			250.00		
8.		care and children's education costs	8.		0.00		
9.		ning, laundry, and dry cleaning	9.	\$	0.00		
		onal care products and services	10.		25.00		
11.	Medi	cal and dental expenses	11.	\$	60.00		
12.		sportation. Include gas, maintenance, bus or train fare.	40	r	100.00		
		ot include car payments.	12.				
		tainment, clubs, recreation, newspapers, magazines, and books	13.		0.00		
14.	Char	itable contributions and religious donations	14.	\$	0.00		
15.	insur						
		ot include insurance deducted from your pay or included in lines 4 or 20.		_			
		Life insurance	15a.	·	0.00		
	15b.	Health insurance	15b.	\$	0.00		
	15c.	Vehicle insurance	15c.	\$	130.00		
	15d.	Other insurance. Specify:	15d.	\$	0.00		
16.	Taxes	s. Do not include taxes deducted from your pay or included in lines 4 or 20.					
	Speci		16.	\$	0.00		
17.		Ilment or lease payments:					
	17a.	Car payments for Vehicle 1	17a.	\$	400.00		
	17b.	Car payments for Vehicle 2	17b.	\$	0.00		
	17c.	Other. Specify:	17c.	\$	0.00		
	17d.	Other, Specify:	17d.	\$	0.00		
18.	Your	payments of alimony, maintenance, and support that you did not report as					
	dedu	cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00		
19.	Other	r payments you make to support others who do not live with you.		\$	0.00		
	Speci	fy:	19.				
20.	Other	real property expenses not included in lines 4 or 5 of this form or on Sched	iule I: Yo	ur Income.			
	20a.	Mortgages on other property	20a.	\$	0.00		
	20b.	Real estate taxes	20b.	\$	0.00		
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00		
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00		
		Homeowner's association or condominium dues	20e.	\$	0.00		
21		: Specify:	21.		0.00		
۷۱.	Other	· obedily.	— "i' _i	, ,	0.00		
22.	Calcu	ılate your monthly expenses					
	22a. /	Add lines 4 through 21.		\$	1,588.47		
	22b. 0	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	and and the state of the state		
		Add line 22a and 22b. The result is your monthly expenses.		¢	1,588.47		
	220. 7	and line 228 and 220. The result is your monthly expenses.		<u> </u>	1,000.41		
23.	Calcu	llate your monthly net income.					
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,588.47		
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	1,588.47		
		3	ſ		1		
	23c.	Subtract your monthly expenses from your monthly income.		_			
		The result is your monthly net income.	23c.	\$	0.00		
			,				
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	ı file this	form?			
	For exa	ample, do you expect to finish paying for your car toan within the year or do you expect your r	nortgage p	payment to increase	or decrease because of a		
		cation to the terms of your mortgage?					
	■ No						
	☐ Ye	s. Explain here:					